

Instructions for using BHD Electronic Record Systems (ProviderConnect)

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How to Login to ProviderConnect

Enter your Username and Password

ProviderConnect

A Continuum of Interactive Community Healthcare

Secure Login

Please enter your username and password below.

Username:	<input type="text"/>
Password:	<input type="password"/>

LOGIN

When entering your password, please ensure that your Caps Lock key is not depressed.

- ❑ Your Username will be, your first and last name combined.
 - **Example:** if your name was **Mary Smith**, your username would be **MarySmith**
 - The First and Last initials of your names should be capitalized
 - There should **not** be a space between your First and Last Names
- ❑ If your First and Last Name combined, are **Greater Than** 15 characters, your username will be the First Initial of your First Name and your full Last Name.
 - **Example:** if your name was **Margarette Johnson**, your username would be **MJohnson**
 - The First initial of your First Name should be capitalized, the First initial of your Last Name should be capitalized
 - There should **not** be a space between the First initial of your First Name and your full Last Name
- ❑ For your initial Password, you will enter your Username in the exact format, as referenced above.

You will then be prompted to change your password

[Back](#)**ProviderConnect - Change Password**Empathetic Counseling Services Inc. 7/17/2015 3:58:37 PM[Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Your password is temporary.
Please change your password in order to continue.

Password Information	
Please enter your current password:	<input type="password"/>
Please enter your new password:	<input type="password"/>
Please re-enter the new password:	<input type="password"/>

Save Changes to Password

Password Tips:

- Password cannot be "password".
- Passwords must be between 6 and 30 characters.
- Passwords are case-sensitive.
- Passwords cannot be the same as your username, or your username backwards.
- Passwords cannot be common English words or commonly used (guessable) passwords.
- Try substituting numbers or punctuation for letters. For example, instead of "provider" use "pr0v1d3r".

[Back](#)

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- Enter your current password, which is your username
- Enter your new password
 - Password should be 5 to 8 characters long and include a number
- Confirm your new password by re-entering it
- Click on Save Changes to Password

ATTENTION – Security Page

ATTENTION:

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 889-8800 immediately.

By selecting "continue", you agree, under penalty of perjury, that you are an authorized agent to use this information system.

[Exit](#)

[Continue](#)

- ☐ The security screen provides information on HIPAA confidentiality and security. Make sure that you **DO NOT** share your password with anyone. If you feel that there is a breach in your account please contact your direct supervisor or manager immediately to have it reset.
- ☐ Click on **Continue** to pass through the security statement.

NEWS PAGE

ProviderConnect - News

Empathetic Counseling Services Inc. 7/18/2015 9:40:50 AM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

No.	Date	News
1.	2/15/2015	Hello and Welcome to Provider Connect Everyone!

<< Previous Page

[Skip to Main Menu](#)

Next Page >>

[About ProviderConnect v2.198](#)

ProviderConnect – News

- ❑ **The News Screen is very important.** It will document all updates that you will need to know about ProviderConnect changes in system processes. We will document any maintenance or down time in this area so that you will be aware of times when the system will not be available for use.
- ❑ Click **“Skip to the Main Menu”** to continue.

MAIN MENU PAGE

ProviderConnect - Main Menu

Empathetic Counseling Services Inc. 7/18/2015 9:45:37 AM

[Lookup Client](#) | [Main Menu](#) | [Log Out](#)

You are logged in as:	TestUser1
Your last login was:	7/18/2015 9:21:00 AM

Main Menu - Provider		
Billing	Lookup Client	Reports
Change Password	Documentation	News
Logout / Exit		

About ProviderConnect v2.198

At the top of the screen the following information will be displayed:

- ☐ Who you are logged in as
- ☐ The last time you logged in
- ☐ The name of your agency, date and time
- ☐ A Look-Up Client option
- ☐ A Main Menu Option
- ☐ A Log-Out Option

Main Menu – Provider Screen

- ❑ Lookup client–this allows you to search for a client that has been assigned to you in the system and already has an MRN record number. **(PLEASE NOTE: YOU WILL NOT BE ABLE TO LOOK UP A CLIENT, UNLESS THAT CLIENT HAS AN APPROVED AUTHORIZATION FOR SERVICES THAT ARE TO BE PROVIDED BY YOUR AGENCY).**
- ❑ Change Password – this allows you to change your password. If you feel that there may be a security threat you should always change your password.
- ❑ Billing – this option will allow you to bill for all the services you have entered through ProviderConnect. **(Typically, only 1 person in your agency needs to be responsible for using this option.)**
- ❑ News – this option takes you back to the news page.
- ❑ Reports – this option will allow you to pull specific types of reports.
- ❑ Logout/Exit – logs you out of the system when you're done.

LOOK UP A CLIENT

ProviderConnect - Main Menu

Empathetic Counseling Services Inc. 7/18/2015 9:45:37 AM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

You are logged in as:	TestUser1
Your last login was:	7/18/2015 9:21:00 AM

Main Menu - Provider		
Billing	Lookup Client	Reports
Change Password	Documentation	News

Logout / Exit

About ProviderConnect v2.198

- ❑ Choose "Lookup Client" at the main menu

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	Empathetic Counseling Services Inc.

Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

[Search by Criteria](#)[Back](#)[About ProviderConnect v2.198](#)

- You may enter the client's medical record number (Member ID) or you may look the client up by name.
- If you want to view all the clients you can just click on "Search by Criteria". The system will then give you a list of all the clients for your agency.

EXAMPLE:

In our example we will look up Test Client one

[Back](#)

ProviderConnect - Look Up Client

Empathetic Counseling Services Inc. 7/18/2015 10:47:53 AM

[Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
First Name:	Test <input type="text"/>
Last Name:	Clientone <input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	Empathetic Counseling Services Inc.

Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

Search by Criteria

[Back](#)

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- ❑ Click on Search by Criteria

Search Results				
Client ID	Last Name	First Name	Date of Birth	Agency
8149277	CLIENTONE	TEST	5/2/1972	Empathetic Counseling Services Inc.

[Search Criteria](#)[Back](#)

About ProviderConnect v2.198

- ❑ Your client will display. To select your client, click on the Client ID# (MRN#)

Client Profile Screen

Member ID

8149277

Demographic

Financial Eligibility

Authorizations

Treatment

Provider Admission

Attachments

Provider Diagnosis (ICD-10)

CARS Assessment Summary

CARS Referral Form

Client Closing Summary

Notification Of Death

Risk Assessment

State of Wisconsin PPS General Information

State of Wisconsin PPS Mental Health Module

Exit to Main Menu

ProviderConnect - Demographic

Empathetic Counseling Services Inc. 7/18/2015 11:09:49 AM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Client Name: CLIENTONE, TEST

Member ID: 8149277

SSN: 000-00-7777

Member Demographics

Social Security Number 000-00-7777	Date of Birth 5/2/1972	Facility Chart Number <input type="text"/>
Member Street 1 212345 Happiness Lane	Member Street 2 <input type="text"/>	Member City Milwaukee
Member County Milwaukee - 41		Member State WI - WISCONSIN
Member Zip Code 53226	Member Phone Number 414-257-4541	Member Work Number <input type="text"/>
Member Language English - 01	Sex Male - M	Ethnicity Not Of Hispanic Origin - 5
Race Black/African-American - 2	Client Maiden Name <input type="text"/>	Veteran
Education Level At Admission Unknown - 99	Citizenship Status Please Choose One -	Pre-Admission Disposition
Employment Status Unknown - 99		
Marital Status Unknown - 9		

Save Record

About ProviderConnect v2.196

TABS

- ❑ **Demographic Tab** – the profile screen automatically defaults you to the demographic page when you pull up the client for the first time.
- ❑ **Financial Eligibility Tab** – this tab will allow you to see list of guarantors for the client.
- ❑ **Authorizations Tab** – contains a list of all authorizations currently in place for the client with your agency. This screen will also allow you to submit a new authorization request.
- ❑ **Treatment Tab** – contains a list of all treatment services that have been entered for the client by your agency. This screen is also where you begin the process of entering treatment services that have been rendered to the client by your agency.

- The treatment tab also contains a list of the authorization and remaining number of units left on each authorization.
- The treatment tab also contains a treatment billing summary for the client.
- ❑ **Provider Admission Tab** – this tab will show you the list of episodes for your client
 - This is also where you can create a new admission for your client based on the authorization of services that have been approved for your agency to provide. You click on the “Add Admission Record” button.
- ❑ **Attachments Tab** – contains documentation that has been attached to your client’s record in ProviderConnect. You will also be able to attach documentation to your client’s record.
- ❑ **Provider Diagnosis (ICD-10) Tab** – contains a list of diagnosis for the client. This tab will also allow you to add a diagnosis for your client.
- ❑ **CARS Assessment Summary** – Form to be completed by provider(s) when applicable
- ❑ **CARS Referral Form** – Form for provider(s) to review client initial referral information
- ❑ **Client Closing Summary** – Form to be completed by provider(s) when applicable
- ❑ **Notification Of Death** – Form to be completed by provider(s) when applicable
- ❑ **Risk Assessment** – Form for provider(s) to review about client’s potential risks
- ❑ **Exit to Main Menu** - Will take you back to the Main Menu screen

How to Review Information

CLIENT DEMOGRAPHICS – This is the Default display of the Client Profile Screen

Member ID	ProviderConnect - Demographic			Empathetic Counseling Services Inc. 7/18/2015 11:09:49 AM	Lookup Client	Main Menu	Log Out
8149277							
Demographic	Client Name: CLIENTONE, TEST						
Financial Eligibility	Member ID: 8149277						
Authorizations	SSN: 000-00-7777						
Treatment							
Provider Admission							
Attachments							
Provider Diagnosis (ICD-10)							
CARS Assessment Summary							
CARS Referral Form							
Client Closing Summary							
Notification Of Death							
Risk Assessment							
State of Wisconsin PPS General Information							
State of Wisconsin PPS Mental Health Module							
Exit to Main Menu							

Member Demographics		
Social Security Number 000-00-7777	Date of Birth 5/2/1972	Facility Chart Number <input type="text"/>
Member Street 1 212345 Happiness Lane	Member Street 2 <input type="text"/>	Member City Milwaukee
Member County Milwaukee - 41		Member State WI - WISCONSIN
Member Zip Code 53226	Member Phone Number 414-257-4541	Member Work Number <input type="text"/>
Member Language English - 01	Sex Male - M	Ethnicity Not Of Hispanic Origin - 5
Race Black/African-American - 2	Client Maiden Name <input type="text"/>	Veteran
Education Level At Admission Unknown - 99	Citizenship Status Please Choose One -	Pre-Admission Disposition
Employment Status Unknown - 99		
Marital Status Unknown - 9		

[Save Record](#)

About ProviderConnect v2.196

- ❑ As you are reviewing the demographic information, if there is information about the client that is missing, or needs to be changed, please contact the CARS area of BHD with the appropriate information.

FINANCIAL INFORMATION – Click on the Financial Eligibility Tab

Member ID	ProviderConnect - Demographic		
8149277	Empathetic Counseling Services Inc. 7/18/2015 11:09:49 AM Lookup Client Main Menu Log Out		
Demographic	Client Name: CLIENTONE, TEST		
Financial Eligibility	Member ID: 8149277		
Authorizations	SSN: 000-00-7777		
Treatment			
Provider Admission			
Attachments			
Provider Diagnosis (ICD-10)			
CARS Assessment Summary			
CARS Referral Form			
Client Closing Summary			
Notification Of Death			
Risk Assessment			
State of Wisconsin PPS General Information			
State of Wisconsin PPS Mental Health Module			
Exit to Main Menu			

Member Demographics		
Social Security Number 000-00-7777	Date of Birth 5/2/1972	Facility Chart Number <input type="text"/>
Member Street 1 212345 Happiness Lane	Member Street 2 <input type="text"/>	Member City Milwaukee
Member County Milwaukee - 41		Member State WI - WISCONSIN
Member Zip Code 53226	Member Phone Number 414-257-4541	Member Work Number <input type="text"/>
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Education Level At Admission Unknown - 99	Citizenship Status Please Choose One -	Pre-Admission Disposition
Employment Status Unknown - 99		
Marital Status Unknown - 9		

[Save Record](#)

About ProviderConnect v2.196

- ❑ The Financial Eligibility information will be entered and updated by The BHD Central Registration Department. If you verify and or keep track of your clients' financial eligibility, please continue to do so. If there is a discrepancy between our records and yours, please contact the CARS area of BHD with the appropriate information.

Member ID	ProviderConnect - Financial Eligibility		Empathetic Counseling Services Inc. 7/18/2015 11:45:15 AM	Lookup Client	Main Menu	Log Out						
8149277												
Demographic	<table border="1"> <tr> <td>Client Name:</td> <td>CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td>8149277</td> </tr> <tr> <td>SSN:</td> <td>000-00-7777</td> </tr> </table>						Client Name:	CLIENTONE, TEST	Member ID:	8149277	SSN:	000-00-7777
Client Name:	CLIENTONE, TEST											
Member ID:	8149277											
SSN:	000-00-7777											
Financial Eligibility	<table border="1"> <tr> <th colspan="2">Cross-Episode Financial Eligibility</th> </tr> <tr> <th>Record Date</th> <th>Agency</th> </tr> <tr> <td>7/18/2015 9:27:00 AM</td> <td></td> </tr> </table>						Cross-Episode Financial Eligibility		Record Date	Agency	7/18/2015 9:27:00 AM	
Cross-Episode Financial Eligibility												
Record Date	Agency											
7/18/2015 9:27:00 AM												
Authorizations												
Treatment												
Provider Admission												
Attachments												
Provider Diagnosis (ICD-10)												
	About ProviderConnect v2.196											
CARS Assessment Summary												
CARS Referral Form												
Client Closing Summary												
Notification Of Death												
Risk Assessment												
State of Wisconsin PPS General Information												
State of Wisconsin PPS Mental Health Module												
Exit to Main Menu												

- ☐ If financial eligibility information has been entered by the BHD Central Registration Department, you will see the date and time.
- ☐ **Click on the Date and Time.**

Member ID	ProviderConnect - Cross Episode Financial Eligibility		Empathetic Counseling Services Inc. 7/18/2015 11:56:44 AM	Lookup Client	Main Menu	Log Out																								
8149277																														
Demographic	<table border="1"> <tr> <td>Client Name:</td> <td>CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td>8149277</td> </tr> <tr> <td>SSN:</td> <td>000-00-7777</td> </tr> </table>						Client Name:	CLIENTONE, TEST	Member ID:	8149277	SSN:	000-00-7777																		
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Member ID:	8149277																													
SSN:	000-00-7777																													
Financial Eligibility	<table border="1"> <tr> <td>Guarantor Selection</td> <td colspan="5">Review Eligibility Information</td> </tr> <tr> <td></td> <td>Guarantor Name</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>CATL</td> <td colspan="4">View</td> </tr> <tr> <td></td> <td>Self Pay</td> <td colspan="4">View</td> </tr> </table>						Guarantor Selection	Review Eligibility Information						Guarantor Name						CATL	View					Self Pay	View			
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State of Wisconsin PPS Mental Health Module																														
Exit to Main Menu																														

[Return](#)
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- ❑ A list of the client's guarantor(s) will display. In order to view the information, **Click on the corresponding "view" button.**

Member ID	ProviderConnect - Guarantor Details					Empathetic Counseling Services Inc. 7/18/2015 12:00:19 PM	Lookup Client	Main Menu	Log Out																																				
8149277																																													
Demographic	<table border="1"> <tr> <td>Client Name:</td> <td colspan="8">CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td colspan="8">8149277</td> </tr> <tr> <td>SSN:</td> <td colspan="8">000-00-7777</td> </tr> </table>									Client Name:	CLIENTONE, TEST								Member ID:	8149277								SSN:	000-00-7777																
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<table border="1"> <tr> <th colspan="6">Guarantor Information</th> </tr> <tr> <td>Guarantor Order</td> <td colspan="2">1</td> <td>Guarantor Name</td> <td colspan="2">CATL</td> </tr> <tr> <td>Guarantor's Address - Line 1</td> <td colspan="2"></td> <td>Guarantor's Address - Line 2</td> <td colspan="2"></td> </tr> <tr> <td>Guarantor's Address - City</td> <td colspan="2"></td> <td>Guarantor's Address - Zipcode</td> <td colspan="2"></td> </tr> <tr> <td>Guarantor's Address - State</td> <td colspan="2"></td> <td>Guarantor's Phone Number</td> <td colspan="2"></td> </tr> <tr> <td>Guarantor Plan</td> <td colspan="2">CATL</td> <td>Customize Guarantor Plan</td> <td colspan="2">() Yes - Y (X) No - N</td> </tr> </table>										Guarantor Information						Guarantor Order	1		Guarantor Name	CATL		Guarantor's Address - Line 1			Guarantor's Address - Line 2			Guarantor's Address - City			Guarantor's Address - Zipcode			Guarantor's Address - State			Guarantor's Phone Number			Guarantor Plan	CATL		Customize Guarantor Plan	() Yes - Y (X) No - N	
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Guarantor's Address - Line 1			Guarantor's Address - Line 2																																										
Guarantor's Address - City			Guarantor's Address - Zipcode																																										
Guarantor's Address - State			Guarantor's Phone Number																																										
Guarantor Plan	CATL		Customize Guarantor Plan	() Yes - Y (X) No - N																																									
<table border="1"> <tr> <th colspan="6">Billing Plan Assigned</th> </tr> <tr> <td>Level Start Date</td> <td>Level End Date</td> <td>Deductible Type</td> <td>Deductible Amount</td> <td>Per Diem Rate</td> <td></td> </tr> <tr> <td>1/1/2014</td> <td></td> <td></td> <td></td> <td></td> <td>View</td> </tr> </table>										Billing Plan Assigned						Level Start Date	Level End Date	Deductible Type	Deductible Amount	Per Diem Rate		1/1/2014					View																		
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<table border="1"> <tr> <th colspan="2">Subscriber Information</th> </tr> <tr> <td>Subscriber's Name</td> <td>Client's Relationship To Subscriber</td> </tr> <tr> <td>CLIENTONE, TEST</td> <td>Self - 1</td> </tr> <tr> <td>Subscriber Address - Street Line 1</td> <td>Subscriber Address - Street Line 2</td> </tr> <tr> <td>212345 Happiness Lane</td> <td></td> </tr> <tr> <td>Subscriber Address - City</td> <td>Subscriber Address - State</td> </tr> <tr> <td>Milwaukee</td> <td>WI - WISCONSIN</td> </tr> <tr> <td>Subscriber Address - Zip</td> <td>Subscriber Address - County</td> </tr> <tr> <td>53226</td> <td>Milwaukee - 41</td> </tr> <tr> <td>Subscriber Phone Number</td> <td>Subscriber's Social Security #</td> </tr> <tr> <td>414-257-4541</td> <td>000-00-7777</td> </tr> <tr> <td>Subscriber Sex</td> <td>Subscribers Employment Status</td> </tr> <tr> <td></td> <td></td> </tr> </table>										Subscriber Information		Subscriber's Name	Client's Relationship To Subscriber	CLIENTONE, TEST	Self - 1	Subscriber Address - Street Line 1	Subscriber Address - Street Line 2	212345 Happiness Lane		Subscriber Address - City	Subscriber Address - State	Milwaukee	WI - WISCONSIN	Subscriber Address - Zip	Subscriber Address - County	53226	Milwaukee - 41	Subscriber Phone Number	Subscriber's Social Security #	414-257-4541	000-00-7777	Subscriber Sex	Subscribers Employment Status												
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- ❑ This information will display. Simply use your vertical scroll bar to scroll up and down to view all the information.
- ❑ When you are finished reviewing the information, simply click on another tab to begin reviewing other information or click on Exit to Main Menu to return to the Main Menu.

AUTHORIZATION(S) – Click on the authorization tab

Member ID	ProviderConnect - Demographic		Empathetic Counseling Services Inc. 7/18/2015 11:09:49 AM	Lookup Client	Main Menu	Log Out
8149277						
Demographic	Client Name: CLIENTONE, TEST					
Financial Eligibility	Member ID: 8149277					
Authorizations	SSN: 000-00-7777					
Treatment						
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Risk Assessment						
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State of Wisconsin PPS Mental Health Module						
Exit to Main Menu						

Member Demographics		
Social Security Number 000-00-7777	Date of Birth 5/2/1972	Facility Chart Number <input type="text"/>
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Member County Milwaukee - 41		Member State WI - WISCONSIN
Member Zip Code 53226	Member Phone Number 414-257-4541	Member Work Number <input type="text"/>
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Race Black/African-American - 2	Client Maiden Name <input type="text"/>	Veteran
Education Level At Admission Unknown - 99	Citizenship Status Please Choose One -	Pre-Admission Disposition
Employment Status Unknown - 99		
Marital Status Unknown - 9		

[Save Record](#)

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Member ID	ProviderConnect - Authorization Requests											Empathetic Counseling Services Inc. 7/18/2015 12:11:46 PM Lookup Client Main Menu Log Out																									
8149277																																					
Demographic	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Client Name:</td> <td>CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td>8149277</td> </tr> <tr> <td>SSN:</td> <td>000-00-7777</td> </tr> </table>													Client Name:	CLIENTONE, TEST	Member ID:	8149277	SSN:	000-00-7777																		
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Provider Diagnosis (ICD-10)																																					
CARS Assessment Summary	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th>Provider</th> <th>Auth Number</th> <th>Origin</th> <th>CP Program</th> <th>Status</th> <th>Review Status</th> <th>Request Date</th> <th>Review Date</th> <th>Begin Date</th> <th>Expiration Date</th> <th>Tx Codes</th> <th>Attachments</th> </tr> </thead> <tbody> <tr> <td>Empathetic Counseling Services Inc.</td> <td style="border: 2px solid red; border-radius: 50%; text-align: center;">1582</td> <td>MSO</td> <td>Empathetic-Burleigh-OP-SA</td> <td></td> <td style="color: green;">Approved</td> <td></td> <td>7/18/2015 8:37:55 AM</td> <td>7/18/2015</td> <td>8/18/2015</td> <td>Alcohol/substance abuse services, Ind.</td> <td style="color: blue; text-align: center;">Add New</td> </tr> </tbody> </table>													Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments	Empathetic Counseling Services Inc.	1582	MSO	Empathetic-Burleigh-OP-SA		Approved		7/18/2015 8:37:55 AM	7/18/2015	8/18/2015	Alcohol/substance abuse services, Ind.	Add New
Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments																										
Empathetic Counseling Services Inc.	1582	MSO	Empathetic-Burleigh-OP-SA		Approved		7/18/2015 8:37:55 AM	7/18/2015	8/18/2015	Alcohol/substance abuse services, Ind.	Add New																										
CARS Referral Form	<div style="background-color: #c00000; color: white; padding: 5px 15px; display: inline-block; cursor: pointer;">Create Request</div>																																				
Client Closing Summary	About ProviderConnect v2.196																																				
Notification Of Death																																					
Risk Assessment																																					
State of Wisconsin PPS General Information																																					
State of Wisconsin PPS Mental Health Module																																					
Exit to Main Menu																																					

- ❑ The Treatment Authorization Requests menu contains a list of all authorizations currently in place for the client or authorizations waiting to be approved for the client.
- ❑ This screen also allows you to request a new authorization by selecting the “red” button labeled “Create Request”.
- ❑ To view the authorization, **Click on the authorization number**

CARS REFERRAL FORM – Click on the CARS Referral Form tab

Member ID	ProviderConnect - Demographic			Empathetic Counseling Services Inc. 7/18/2015 11:09:49 AM	Lookup Client	Main Menu	Log Out
8149277							
Demographic							
Financial Eligibility							
Authorizations							
Treatment							
Provider Admission							
Attachments							
Provider Diagnosis (ICD-10)							
PPS Assessment Summary							
CARS Referral Form							
Client Closing Summary							
Notification Of Death							
Risk Assessment							
State of Wisconsin PPS General Information							
State of Wisconsin PPS Mental Health Module							
Exit to Main Menu							

Member Demographics		
Social Security Number 000-00-7777	Date of Birth 5/2/1972	Facility Chart Number <input type="text"/>
Member Street 1 212345 Happiness Lane	Member Street 2 <input type="text"/>	Member City Milwaukee
Member County Milwaukee - 41		Member State WI - WISCONSIN
Member Zip Code 53226	Member Phone Number 414-257-4541	Member Work Number <input type="text"/>
Member Language English - 01	Sex Male - M	Ethnicity Not Of Hispanic Origin - 5
Race Black/African-American - 2	Client Maiden Name <input type="text"/>	Veteran
Education Level At Admission Unknown - 99	Citizenship Status Please Choose One -	Pre-Admission Disposition
Employment Status Unknown - 99		
Marital Status Unknown - 9		

[Save Record](#)

About ProviderConnect v2.198

- ❑ After clicking on the CARS Referral Form tab, the form will require you to select an episode. You will always select the CARS Episode in order to review this form. The CARS episode is the Episode that is created in order to begin entering information during the Access Point Intake Process.

Member ID	ProviderConnect - Episode Selection				Empathetic Counseling Services Inc. 7/18/2015 1:12:43 PM		Lookup Client	Main Menu	Log Out								
8149277	<div> <div>Client Name: CLIENTONE, TEST</div> <div>Member ID: 8149277</div> <div>SSN: 000-00-7777</div> </div>																
<div>Demographic</div> <div>Financial Eligibility</div> <div>Authorizations</div> <div>Treatment</div> <div>Provider Admission</div> <div>Attachments</div> <div>Provider Diagnosis (ICD-10)</div> <div>CARS Assessment Summary</div> <div>CARS Referral Form</div> <div>Client Closing Summary</div> <div>Notification Of Death</div> <div>Risk Assessment</div> <div>State of Wisconsin PPS General Information</div> <div>State of Wisconsin PPS Mental Health Module</div> <div>Exit to Main Menu</div>	<p>The selected form requires an episode to be selected. Please click on an episode below.</p> <table border="1"> <thead> <tr> <th>Episode</th> <th>Program</th> <th>Start</th> <th>End</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>CARS</td> <td>7/18/2015</td> <td></td> </tr> </tbody> </table> <p>About ProviderConnect v2.198</p>									Episode	Program	Start	End	1	CARS	7/18/2015	
Episode	Program	Start	End														
1	CARS	7/18/2015															

- ❑ Click on the CARS Episode Number

- ❑ If information has been entered on the form, you will see the date, time, and the name of the individual that entered the information.

Member ID	Client Name: CLIENTONE, TEST
8149277	Member ID: 8149277
	SSN: 000-00-7777

CARS Referral Form Items			
	Date	Data Entry Time	Data Entry By Login
Select	07/18/2015	09:34 AM	Access Point Screener

Add New Record

ProviderConnect v2.1908 © 2015 [Netsmart Technologies, Inc.](#)

Demographic
Financial Eligibility
Authorizations
Treatment
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
CARS Assessment Summary
CARS Referral Form
Client Closing Summary
Notification Of Death
Risk Assessment
State of Wisconsin PPS General Information
State of Wisconsin PPS Mental Health Module
Exit to Main Menu

- ❑ **Click on the Select Button to view the information**

Member ID 8149277 Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment State of Wisconsin PPS General Information State of Wisconsin PPS Mental Health Module Exit to Main Menu	Client Name: CLIENTONE, TEST Member ID: 8149277 SSN: 000-00-7777 Print
	Referral Form CARS Intake Date 07/18/2015 Today Yesterday Time 09:27 AM Current Time Diagnosis Legal Status (Check all that apply) <input type="checkbox"/> Chapter 51 <input type="checkbox"/> Chapter 55/880 <input type="checkbox"/> Parole/Probation <input type="checkbox"/> Pending Criminal Charges <input type="checkbox"/> Voluntary Please explain (i.e., Stipulations, Commitment, Guardian) Attach a copy of the order if applicable. <div style="border: 1px solid #ccc; height: 40px; margin-top: 5px;"></div>
	Referent Information Referent's Interim Care Plan (Provider, Location, Frequency) <div style="border: 1px solid #ccc; height: 20px; margin-top: 5px;"></div>
	Form Completed By Doe, John Date 07/18/2015 Today Yesterday
	Relationship to Client Counselor
	Agency Name The Agency Phone 414-257-4541

- ❑ Simply use your vertical scroll bar to scroll down and view the information
- ❑ This will be the process for viewing most forms information that is in ProviderConnect

HOW TO OPEN AND EPISODE

- ❑ As a community based provider, if the Access Point has identified your agency to provide outpatient services for a Milwaukee County client, you will be notified of the client's appointment by one of the following ways, a telephone call from the Access Point, an email from the Access Point, or by the faxing over of the Client Appointment Sheet by the Access Point. The Provider Feed Back form will no longer be used.
- ❑ When the Milwaukee County client arrives at your agency for their appointment, and after you have completed your agency's internal processing of the client, you will need to Login to ProviderConnect, and open an Admission Episode for the service program, that you have been authorized to provide. **[THE ONLY EXCEPTION TO THIS, IS IF YOU ARE PROVIDING CCS APPROVED SERVICES FOR THE CLIENT, YOU WILL NOT HAVE TO OPEN AN EPISODE. THE EPISODE WILL ALREADY EXIST (CCS)].**
- ❑ Find your client, using the Look Up client process, and Click on the Client ID #, which is also the client's medical record number (MRN). **Please note: Your client will only display in the look-up results window if he or she has an approved authorization to receive services from your agency.**

Member ID	ProviderConnect - Demographic		Empathetic Counseling Services Inc. 7/18/2015 11:09:49 AM	Lookup Client	Main Menu	Log Out
8149277						
Demographic						
Financial Eligibility						
Authorizations						
Treatment						
Provider Admission						
Attachments						
Provider Diagnosis (ICD-10)						
CARS Assessment Summary						
CARS Referral Form						
Client Closing Summary						
Notification Of Death						
Risk Assessment						
State of Wisconsin PPS General Information						
State of Wisconsin PPS Mental Health Module						
Exit to Main Menu						

Member Demographics		
Social Security Number 000-00-7777	Date of Birth 5/2/1972	Facility Chart Number <input type="text"/>
Member Street 1 212345 Happiness Lane	Member Street 2 <input type="text"/>	Member City Milwaukee
Member County Milwaukee - 41		Member State WI - WISCONSIN
Member Zip Code 53226	Member Phone Number 414-257-4541	Member Work Number <input type="text"/>
Member Language English - 01	Sex Male - M	Ethnicity Not Of Hispanic Origin - 5
Race Black/African-American - 2	Client Maiden Name <input type="text"/>	Veteran
Education Level At Admission Unknown - 99	Citizenship Status -Please Choose One-	Pre-Admission Disposition
Employment Status Unknown - 99		
Marital Status Unknown - 9		

[Save Record](#)

About ProviderConnect v2.196

- ❑ Click on the Provider Admission Tab

Member ID	ProviderConnect - Provider Admissions			Empathetic Counseling Services Inc. 7/18/2015 2:03:58 PM	Lookup Client	Main Menu	Log Out												
8149277																			
Demographic	<table border="1"> <tr> <td>Client Name:</td> <td>CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td>8149277</td> </tr> <tr> <td>SSN:</td> <td>000-00-7777</td> </tr> </table>							Client Name:	CLIENTONE, TEST	Member ID:	8149277	SSN:	000-00-7777						
Client Name:	CLIENTONE, TEST																		
Member ID:	8149277																		
SSN:	000-00-7777																		
Financial Eligibility																			
Authorizations																			
Treatment																			
Provider Admission																			
Attachments																			
Provider Diagnosis (ICD-10)																			
	<table border="1"> <tr> <th colspan="4">Episode Information</th> </tr> <tr> <th>Episode</th> <th>Admission Date</th> <th>Discharge Date</th> <th>Program</th> </tr> <tr> <td>1</td> <td>7/18/2015</td> <td></td> <td>CARS</td> </tr> </table>							Episode Information				Episode	Admission Date	Discharge Date	Program	1	7/18/2015		CARS
Episode Information																			
Episode	Admission Date	Discharge Date	Program																
1	7/18/2015		CARS																
CARS Assessment Summary																			
CARS Referral Form																			
Client Closing Summary																			
Notification Of Death																			
Risk Assessment																			
State of Wisconsin PPS General Information																			
State of Wisconsin PPS Mental Health Module																			
Exit to Main Menu																			
	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> Add Admission Record </div>																		
	<p style="text-align: right; font-size: small;">About ProviderConnect v2.198</p>																		

- ❑ The episode information listing will display. In this example the client only has one episode listed. The episode listed is the CARS episode which is also known as the initial intake episode **(This episode is created by BHD Central Registration when the client presents at an Access Point location and the Access Point staff notifies BHD Central Registration.)**
- ❑ Click on Add Admission Record

Member ID 8149277 <hr/> Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) <hr/> CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment State of Wisconsin PPS General Information State of Wisconsin PPS Mental Health Module <hr/> Exit to Main Menu	Back ProviderConnect - Provider Admission Form Empathetic Counseling Services Inc. 7/18/2015 7:19:24 PM Lookup Client Main Menu Log Out	
	Client Name: CLIENTONE, TEST Member ID: 8149277 SSN: 000-00-7777	
	Admission Information	
	Sex <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Transgendered (F to M) - TF <input type="radio"/> Transgendered (M to F) - TM <input type="radio"/> Unknown - U	
	Date of Birth 05/02/1972	Age 43
	Admission Date 07/18/2015	Admission Time 07:19 PM HH:MM AM/PM
	Program --Please Choose One-- *	Admitting Practitioner --Please Choose One--
	Attending Practitioner --Please Choose One--	Treatment Service --Please Choose One--
	Type of Admission --Please Choose One-- *	Social Security Number 000-00-7777
	Demographics	
Client Last Name CLIENTONE	Client Home Phone Number 414-257-4541	
Client First Name TEST	Client Work Number 	
Client Address Line 1 212345 Happiness Lane	Client Address Line 2 	
Client Address - City Milwaukee	Client Address - State WI - WISCONSIN	

- ❑ If you see a field outlined in Red and or has a Red Asterisk next to the field means the information in this field is required information and you **will not** be able to Save/Add/Submit the form.
- ❑ In the Program Field you will select the CP Program that is indicated on the Authorization of Service that we discussed earlier in this documentation. In our example we will select Empathetic-Burleigh-OP-SA

- ❑ In the Type of Admission field you have two choices, First Admission and Re-Admission. As a community provider, you will always select Re-Admission. Re-Admission indicates that the client already has an existing episode in Avatar/ProviderConnect. In our example the client already has an existing episode, the CARS episode.


Member ID	ProviderConnect - Provider Admission Form		Empathetic Counseling Services Inc. 7/18/2015 7:22:12 PM		Lookup Client	Main Menu	Log Out
8149277							
Demographic	Client Name: CLIENTONE, TEST Member ID: 8149277 SSN: 000-00-7777						
Financial Eligibility							
Authorizations							
Treatment							
Provider Admission							
Attachments							
Provider Diagnosis (ICD-10)							
CARS Assessment Summary							
CARS Referral Form							
Client Closing Summary							
Notification Of Denial							
Risk Assessment							
State of Wisconsin PPS General Information							
State of Wisconsin PPS Mental Health Module							
Exit to Main Menu							

Admission Information	
Sex <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Transgendered (F to M) - TF <input type="radio"/> Transgendered (M to F) - TM <input type="radio"/> Unknown - U	
Date of Birth 05/02/1972	Age 43
Admission Date 07/18/2015	Admission Time 07:22 PM HH:MM AM/PM
Program Empathetic-Burleigh-OP-SA	Admitting Practitioner --Please Choose One--
Attending Practitioner --Please Choose One--	Treatment Service --Please Choose One--
Type of Admission Re-Admission - 2	Social Security Number 000-00-7777

Demographics	
Client Last Name CLIENTONE	Client Home Phone Number 414-257-4541
Client First Name TEST	Client Work Number --Please Choose One--
Client Address Line 1 212345 Happiness Lane	Client Address Line 2 --Please Choose One--
Client Address - City Milwaukee	Client Address - State WI - WISCONSIN
Client Address - Zip Code 53226	Client Address - County Milwaukee - 41

- ❑ Scroll down to the bottom of the page and click on Save Admission button to complete the opening of the episode process

Member ID 8149277 Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment State of Wisconsin PPS General Information State of Wisconsin PPS Mental Health Module Exit to Main Menu	Client Address - Zip Code 53226		Client Address - County Milwaukee - 41	
	Marital Status Unknown - 9		Race Black/African-American - 2	
	Education Unknown - 99		Ethnic Origin Not Of Hispanic Origin - 5	
	Religion -Please Choose One-		Other Ethnic Origin Field not yet supported	
	Place of Birth 		Citizenship -Please Choose One-	
	Country of Origin -Please Choose One-		Maiden Name 	
	Occupation -Please Choose One-		Client's Primary Language English - 01	
	Informed of Smoking Policy <input type="radio"/> No - N <input type="radio"/> Yes - Y			
	Employment Status Unknown - 99			
	Alias 		Alias 2 	
Alias 3 		Alias 4 		
Alias 5 		Alias 6 		
Alias 7 		Alias 8 		
Alias 9 		Alias 10 		



- ❑ After clicking the Save Admission button, you will return to the Episode Information listing and will notice that the episode you just added is listed. In order to get the episode number to display you have to refresh the screen. To refresh the screen, simply click on another tab (Example: Demographics) and then click back on the Provider Admission tab once again.

Member ID	ProviderConnect - Provider Admissions			Empathetic Counseling Services Inc. 7/18/2015 7:36:28 PM	Lookup Client	Main Menu	Log Out																
8149277																							
Demographic	Client Name: CLIENTONE, TEST																						
Financial Eligibility	Member ID: 8149277																						
Authorizations	SSN: 000-00-7777																						
Treatment																							
Provider Admission																							
Attachments																							
Provider Diagnosis (ICD-10)																							
CARS Assessment Summary																							
CARS Referral Form																							
Client Closing Summary																							
Notification Of Death																							
Risk Assessment																							
State of Wisconsin PPS General Information																							
State of Wisconsin PPS Mental Health Module																							
Exit to Main Menu																							
<table border="1"> <thead> <tr> <th colspan="4">Episode Information</th> </tr> <tr> <th>Episode</th> <th>Admission Date</th> <th>Discharge Date</th> <th>Program</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>7/18/2015</td> <td></td> <td>CARS</td> </tr> <tr> <td>Unassigned</td> <td>7/18/2015</td> <td></td> <td>Empathetic-Burleigh-OP-SA</td> </tr> </tbody> </table>								Episode Information				Episode	Admission Date	Discharge Date	Program	1	7/18/2015		CARS	Unassigned	7/18/2015		Empathetic-Burleigh-OP-SA
Episode Information																							
Episode	Admission Date	Discharge Date	Program																				
1	7/18/2015		CARS																				
Unassigned	7/18/2015		Empathetic-Burleigh-OP-SA																				
Add Admission Record																							
About ProviderConnect v2.196																							

Member ID

8149277

Demographic

Financial Eligibility

Authorizations

Treatment

Provider Admission

Attachments

Provider Diagnosis (ICD-10)

CARS Assessment Summary

CARS Referral Form

Client Closing Summary

Notification Of Death

Risk Assessment

State of Wisconsin PPS General Information

State of Wisconsin PPS Mental Health Module

Exit to Main Menu

ProviderConnect - Provider Admissions

Empathetic Counseling Services Inc. 7/18/2015 7:39:06 PM

Lookup Client | Main Menu | Log Out

Client Name: CLIENTONE, TEST

Member ID: 8149277

SSN: 000-00-7777

Episode Information

Episode	Admission Date	Discharge Date	Program
2	7/18/2015	Create Discharge	Empathetic-Burleigh-OP-SA
1	7/18/2015		CARS

Add Admission Record

About ProviderConnect v2.196

HOW TO ENTER TREATMENT SERVICES WITH A SERVICE COMMENT (CASE NOTE)

- ❑ Click on the Treatment Tab

Member ID	ProviderConnect - Demographic			Empathetic Counseling Services Inc. 7/18/2015 11:09:49 AM	Lookup Client	Main Menu	Log Out																														
8149277																																					
Demographic	<table border="1"> <tr> <td>Client Name:</td> <td>CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td>8149277</td> </tr> <tr> <td>SSN:</td> <td>000-00-7777</td> </tr> </table>							Client Name:	CLIENTONE, TEST	Member ID:	8149277	SSN:	000-00-7777																								
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Member ID:	8149277																																				
SSN:	000-00-7777																																				
Financial Eligibility																																					
Authorizations																																					
Treatment	<table border="1"> <thead> <tr> <th colspan="3">Member Demographics</th> </tr> </thead> <tbody> <tr> <td>Social Security Number 000-00-7777</td> <td>Date of Birth 5/2/1972</td> <td>Facility Chart Number <input type="text"/></td> </tr> <tr> <td>Member Street 1 212345 Happiness Lane</td> <td>Member Street 2 <input type="text"/></td> <td>Member City Milwaukee</td> </tr> <tr> <td>Member County Milwaukee - 41</td> <td></td> <td>Member State WI - WISCONSIN</td> </tr> <tr> <td>Member Zip Code 53226</td> <td>Member Phone Number 414-257-4541</td> <td>Member Work Number <input type="text"/></td> </tr> <tr> <td>Member Language English - 01</td> <td>Sex Male - M</td> <td>Ethnicity Not Of Hispanic Origin - 5</td> </tr> <tr> <td>Race Black/African-American - 2</td> <td>Client Maiden Name <input type="text"/></td> <td>Veteran</td> </tr> <tr> <td>Education Level At Admission Unknown - 99</td> <td>Citizenship Status -Please Choose One-</td> <td>Pre-Admission Disposition</td> </tr> <tr> <td colspan="3">Employment Status Unknown - 99</td> </tr> <tr> <td colspan="3">Marital Status Unknown - 9</td> </tr> </tbody> </table>							Member Demographics			Social Security Number 000-00-7777	Date of Birth 5/2/1972	Facility Chart Number <input type="text"/>	Member Street 1 212345 Happiness Lane	Member Street 2 <input type="text"/>	Member City Milwaukee	Member County Milwaukee - 41		Member State WI - WISCONSIN	Member Zip Code 53226	Member Phone Number 414-257-4541	Member Work Number <input type="text"/>	Member Language English - 01	Sex Male - M	Ethnicity Not Of Hispanic Origin - 5	Race Black/African-American - 2	Client Maiden Name <input type="text"/>	Veteran	Education Level At Admission Unknown - 99	Citizenship Status -Please Choose One-	Pre-Admission Disposition	Employment Status Unknown - 99			Marital Status Unknown - 9		
Member Demographics																																					
Social Security Number 000-00-7777	Date of Birth 5/2/1972	Facility Chart Number <input type="text"/>																																			
Member Street 1 212345 Happiness Lane	Member Street 2 <input type="text"/>	Member City Milwaukee																																			
Member County Milwaukee - 41		Member State WI - WISCONSIN																																			
Member Zip Code 53226	Member Phone Number 414-257-4541	Member Work Number <input type="text"/>																																			
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Race Black/African-American - 2	Client Maiden Name <input type="text"/>	Veteran																																			
Education Level At Admission Unknown - 99	Citizenship Status -Please Choose One-	Pre-Admission Disposition																																			
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Client Closing Summary																																					
Notification Of Death																																					
Risk Assessment																																					
State of Wisconsin PPS General Information																																					
State of Wisconsin PPS Mental Health Module																																					
Exit to Main Menu	<div>Save Record</div> <div>About ProviderConnect v2.196</div>																																				

- ❑ Click on the Add Professional Treatment button

Member ID	ProviderConnect - Treatment History																																										
8149277	Empathetic Counseling Services Inc. 7/18/2015 7:49:56 PM Lookup Client Main Menu Log Out																																										
Demographic	<table border="1"> <tr> <td>Client Name:</td> <td>CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td>8149277</td> </tr> <tr> <td>SSN:</td> <td>000-00-7777</td> </tr> </table>										Client Name:	CLIENTONE, TEST	Member ID:	8149277	SSN:	000-00-7777																											
Client Name:	CLIENTONE, TEST																																										
Member ID:	8149277																																										
SSN:	000-00-7777																																										
Financial Eligibility	<div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;"> Add Professional Treatment </div>																																										
Authorizations	This page defaults to treatments with services that occur during the current fiscal year. <div style="float: right;"> 2014-2015 view </div>																																										
Treatment	<table border="1"> <tr> <th colspan="10">Treatment History</th> </tr> <tr> <th rowspan="2">Agency</th> <th rowspan="2">Tx Date <small>click to view details</small></th> <th rowspan="2">Status</th> <th rowspan="2">Therapist</th> <th rowspan="2">CPTCode</th> <th rowspan="2">Units</th> <th rowspan="2">Duration</th> <th colspan="3">Billing</th> </tr> <tr> <th>Bill Date</th> <th>Status</th> <th>Expected Disbursement</th> </tr> <tr> <td colspan="10" style="text-align: center;">Nothing Found</td> </tr> </table>										Treatment History										Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Billing			Bill Date	Status	Expected Disbursement	Nothing Found									
Treatment History																																											
Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Billing																																				
							Bill Date	Status	Expected Disbursement																																		
Nothing Found																																											
Provider Admission	<table border="1"> <tr> <th colspan="6">Unit History</th> </tr> <tr> <th>CPT Code</th> <th>Auth #</th> <th>Units Approved</th> <th>Units Left</th> <th>Begin Date</th> <th>Exp Date</th> </tr> <tr> <td>H0047 - Alcohol/substance abuse services, Ind.</td> <td>1582</td> <td>25</td> <td>25</td> <td>7/18/2015</td> <td>8/18/2015</td> </tr> </table>										Unit History						CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date	H0047 - Alcohol/substance abuse services, Ind.	1582	25	25	7/18/2015	8/18/2015															
Unit History																																											
CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date																																						
H0047 - Alcohol/substance abuse services, Ind.	1582	25	25	7/18/2015	8/18/2015																																						
Attachments	<table border="1"> <tr> <th colspan="4">Treatment Billing Summary</th> </tr> <tr> <td rowspan="3">Billed</td> <td>Unbilled</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>Pending</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>Paid</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>Denied</td> <td></td> <td>\$0.00</td> </tr> </table>										Treatment Billing Summary				Billed	Unbilled		\$0.00	Pending		\$0.00	Paid		\$0.00		Denied		\$0.00															
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	Paid		\$0.00																																								
	Denied		\$0.00																																								
Provider Diagnosis (ICD-10)	<table border="1"> <tr> <th colspan="6">Services Denied in MSO (10/1/2014 - 9/30/2015)</th> </tr> <tr> <th>Agency</th> <th>Member ID</th> <th>Service Date</th> <th>Reason for Denial</th> <th>Service</th> <th>Amount</th> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td></td> <td>\$ 0.00</td> </tr> </table>										Services Denied in MSO (10/1/2014 - 9/30/2015)						Agency	Member ID	Service Date	Reason for Denial	Service	Amount	Total					\$ 0.00															
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Agency	Member ID	Service Date	Reason for Denial	Service	Amount																																						
Total					\$ 0.00																																						
CARS Assessment Summary	About ProviderConnect v2.196																																										
CARS Referral Form																																											
Client Closing Summary																																											
Notification Of Death																																											
Risk Assessment																																											
State of Wisconsin PPS General Information																																											
State of Wisconsin PPS Mental Health Module																																											
Exit to Main Menu																																											

Member ID	ProviderConnect - Add Treatment Setup					Empathetic Counseling Services Inc. 7/18/2015 7:54:57 PM Lookup Client Main Menu Log Out
8149277						
Demographic	Client Name: CLIENTONE, TEST Member ID: 8149277 SSN: 000-00-7777					
Financial Eligibility						
Authorizations						
Treatment						
Provider Admission						
Attachments						
Provider Diagnosis (ICD-10)						
CARS Assessment Summary						
CARS Referral Form						
Client Closing Summary						
Notification Of Death						
Risk Assessment						
State of Wisconsin PPS General Information						
State of Wisconsin PPS Mental Health Module						
Exit to Main Menu						

Enter Treatment Criteria																																			
CPT Code:	Procedure Code - Description (Authorization, [Funding Source,] Level of Care, Valid Dates)																																		
	<input style="width: 100%;" type="text"/>																																		
Clinician:	- Please Choose One - ▼																																		
Performing Provider License Type:	▼																																		
Program:	- Please Choose One - ▼																																		
Units / Day:	<input style="width: 100%;" type="text" value="1"/>																																		
<input checked="" type="radio"/> Single Date: <input style="width: 100%;" type="text"/>																																			
<input type="radio"/> Date Range: <input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/>																																			
<input type="radio"/> Multiple Dates: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td><td><input style="width: 100%;" type="text"/></td></tr> </table>						<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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<input checked="" type="checkbox"/> Include Weekends (check this box to include weekends when adding treatment)																																			
<input type="button" value="Set Treatment Date >>"/>																																			

Unit History					
CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date
H0047 - Alcohol/substance abuse services, Ind.	1582	25	25	7/18/2015	8/18/2015

About ProviderConnect v2.198

- ❑ CPT Code: Enter the procedure code you are billing, in this field.
 - **Note: if you do not remember the procedure code you wish to enter, look below in the Unit History section of the form. This area shows you the service code(s) that the provider has been authorized to provide.**
- ❑ Enter the correct service provider that rendered the service. You will need to select the service provider name that rendered the treatment that you are entering.
- ❑ Enter the number of units/day

- ❑ Enter the date of service (mm/dd/yyyy) format must be used when entering a date. This can be added as a single date, date range or you can click on
- ❑ Click “Set Treatment Date” button to continue.

Member ID 8149277 <hr/> Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) <hr/> CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment State of Wisconsin PPS General Information State of Wisconsin PPS Mental Health Module <hr/> Exit to Main Menu	ProviderConnect - Add Treatment - Details Empathetic Counseling Services Inc. 7/18/2015 8:00:25 PM Lookup Client Main Menu Log Out							
	<table border="1"> <tr> <td>Client Name:</td> <td>CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td>8149277</td> </tr> <tr> <td>SSN:</td> <td>000-00-7777</td> </tr> </table>		Client Name:	CLIENTONE, TEST	Member ID:	8149277	SSN:	000-00-7777
	Client Name:	CLIENTONE, TEST						
	Member ID:	8149277						
	SSN:	000-00-7777						
	Treatment Details Funding Source: Funding Authorized CPT Code: H0047 - Alcohol/substance abuse services, Ind. Num of Days: 1 Units/Day: 5 Total Units: 5 Cost/Unit: \$13.25 Cost/Day: \$66.25 Total Cost: \$66.25 Treatment Date(s): 07/18/2015	Additional Information Duration (minutes per service): <input type="text"/> Location: <input type="text" value="- Please Choose One -"/> * Number In Group: N/A						
	Diagnosis Details Primary Diagnosis: <input type="text"/> Second Diagnosis: <input type="text"/> Third Diagnosis: <input type="text"/> Fourth Diagnosis: <input type="text"/>							
	Financial Details Review Eligibility Information <small>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</small> Private Pay Amount: <input type="text"/> Billed Amount: <input type="text"/> <div style="text-align: right;">Add Treatment(s) >></div> Service Comments: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>							

- ❑ Enter the duration for the services. In our example it is 75 (1 unit equals 15mins, so 5 units multiplied by 15mins equals 75mins)
- ❑ Enter the **Location**.
- ❑ Enter \$0.00 for the **Private Pay Amount**
- ❑ Enter your **Service Comments**

Member ID	ProviderConnect - Add Treatment - Details		Empathetic Counseling Services Inc. 7/18/2015 8:00:25 PM	Lookup Client	Main Menu	Log Out												
8149277	Client Name:	CLIENTONE, TEST																
Demographic	Member ID:	8149277																
Financial Eligibility	SSN:	000-00-7777																
Authorizations																		
Treatment																		
Provider Admission																		
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Provider Diagnosis (ICD-10)																		
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Notification Of Death																		
Risk Assessment																		
State of Wisconsin PPS General Information																		
State of Wisconsin PPS Mental Health Module																		
Exit to Main Menu																		
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Fourth Diagnosis: <input type="text"/>																		
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Service Comments: Please enter your service comments here. Thank you.																		
Add Treatment(s) >>																		

- ❑ Click on Add Treatment

Member ID 8149277 <hr/> Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) <hr/> CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment State of Wisconsin PPS General Information State of Wisconsin PPS Mental Health Module <hr/> Exit to Main Menu	ProviderConnect - Treatment History Empathetic Counseling Services Inc. 7/18/2015 8:09:01 PM Lookup Client Main Menu Log Out																																																				
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Empathetic Counseling Services Inc.	7/18/2015 Edit / Delete		BOATNER,RAYMOND	H0047	5	75		Not Reviewed	\$0.00																																												
Auth #: 1582 CP Program: Empathetic-Burleigh-OP-SA																																																					
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Total					\$ 0.00																																																

- ☐ The treatment service has been entered. Each treatment service that is entered for the client will remain on this page under the treatment history section.

ENTERING A TREATMENT SERVICE USING THE DATE RANGE
(We will use a different Test Client to demonstrate this option)

- ❑ If you provided the same service for a client over several days, you may enter those treatment services using the date range option.
- ❑ **Please Note: The Service Code, Units/Days, Duration and Location should have been the same each time the service was provided, in order to use the date range option.**
- ❑ In this example, I am entering the same service that was provided to the client on 07/10/2015, 07/11/2015, and 7/12/2015.

Member ID	ProviderConnect - Add Treatment Setup Alternatives In Psychological Consult 7/12/2015 11:20:40 AM Lookup Client Main Menu Log Out					
8149253						
Demographic	Client Name: TABLE, BRETT					
Financial Eligibility	Member ID: 8149253					
Authorizations	SSN: 999-99-0000					
Treatment	Enter Treatment Criteria					
Provider Admission	CPT Code:	H2017T H2017T - Psychotherapy (1560, 7/8/2015 - 8/30/2015)				
Attachments	Clinician:	BERTSCHINGER, JODI (1/1/2014 -)				
Provider Diagnosis (ICD-10)	Performing Provider License Type:	- Please Choose One -				
	Program:	APC CCS				
	Units / Day:	2				
CARS Assessment Summary	<input type="radio"/> Single Date:					
CARS Referral Form	<input checked="" type="radio"/> Date Range: 07/10/2015 - 07/12/2015					
Client Closing Summary	<input type="radio"/> Multiple Dates:					
Notification Of Death	<input type="button" value="Calendar"/>					
Risk Assessment	<input type="checkbox"/> Include Weekends (check this box to include weekends when adding treatment)					
Exit to Main Menu	<input type="button" value="Set Treatment Date >>"/>					
	Unit History					
	CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date
	H2017T - Psychotherapy	1560	25	15	7/8/2015	8/30/2015

- ❑ After entering the CPT Code, enter service provider, program, and units/days.

- ❑ Click the Date Range radio button and then enter the date range using the (mm/dd/yyyy) format. Notice in this case two of the treatment dates fall on the weekend, so use the **“check this box to include weekends when adding treatment”**.

- ❑ Click **Set Treatment Date**

Member ID 8149253 <hr/> Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) <hr/> CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment <hr/> Exit to Main Menu	ProviderConnect - Add Treatment - Details Alternatives In Psychological Consult 7/12/2015 11:34:11 AM Lookup Client Main Menu Log Out 							
	<table border="1"> <tr> <td>Client Name:</td> <td>TABLE, BRETT</td> </tr> <tr> <td>Member ID:</td> <td>8149253</td> </tr> <tr> <td>SSN:</td> <td>999-99-0000</td> </tr> </table>		Client Name:	TABLE, BRETT	Member ID:	8149253	SSN:	999-99-0000
	Client Name:	TABLE, BRETT						
	Member ID:	8149253						
	SSN:	999-99-0000						
	Treatment Details Funding Source: Funding Authorized CPT Code: H2017T - Psychotherapy Num of Days: 3 Units/Day: 2 Total Units: 6 Cost/Unit: \$32.14 Cost/Day: \$64.28 Total Cost: \$192.84 Treatment Date(s): 7/10/2015, 7/11/2015, 7/12/2015	Additional Information Duration (minutes per service): 30 Location: <input type="text" value="Office"/> <input type="button" value="v"/> Number In Group: N/A						
	Diagnosis Details Primary Diagnosis: <input type="text"/> Second Diagnosis: <input type="text"/> Third Diagnosis: <input type="text"/> Fourth Diagnosis: <input type="text"/>							
	Financial Details Review Eligibility Information <small>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</small> Private Pay Amount: <input type="text"/> Billed Amount: <input type="text"/>							
	<div style="text-align: right;">Add Treatment(s) >></div>							
	Service Comments: <input type="text"/>							
<input type="button" value="Add Treatment(s) >>"/>								

- ❑ Enter the duration for the services, in our example it is 30 (1 unit equals 15mins, so 2 units multiplied by 15mins equals 30mins)
- ❑ Enter the **Location**.
- ❑ Enter \$0.00 for the **Private Pay Amount**
- ❑ Enter your **Service Comments**
- ❑ Click on **Add Treatment**

Member ID

8149253

Demographic

Financial Eligibility

Authorizations

Treatment

Provider Admission

Attachments

Provider Diagnosis (ICD-10)

CARS Assessment Summary

CARS Referral Form

Client Closing Summary

Notification Of Death

Risk Assessment

Exit to Main Menu

ProviderConnect - Treatment History

Alternatives In Psychological Consult 7/12/2015 11:46:48 AM

Lookup Client | Main Menu | Log Out

Client Name: TABLE, BRETT

Member ID: 8149253

SSN: 999-99-0000

Add Professional Treatment

This page defaults to treatments with services that occur during the current fiscal year.

2014-2015 view

Treatment History

Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Billing		
							Bill Date	Status	Expected Disbursement
Alternatives In Psychological Consult	7/8/2015	Complete	BERTSCHINGER,JODI	H2017T	5	75	7/9/2015	Approved	\$160.70
Auth #: 1560 CP Program: APC CCS Bill Enum: 79201512555674									
Alternatives In Psychological Consult	7/9/2015	Complete	BERTSCHINGER,JODI	H2017T	5	75	7/9/2015	Approved	\$160.70
Auth #: 1560 CP Program: APC CCS Bill Enum: 79201511322574									
Alternatives In Psychological Consult	7/12/2015 <a>Edit / Delete		BERTSCHINGER,JODI	H2017T	2	30		Not Reviewed	\$0.00
Auth #: 1560 CP Program: APC CCS									
Alternatives In Psychological Consult	7/11/2015 <a>Edit / Delete		BERTSCHINGER,JODI	H2017T	2	30		Not Reviewed	\$0.00
Auth #: 1560 CP Program: APC CCS									
Alternatives In Psychological Consult	7/10/2015 <a>Edit / Delete		BERTSCHINGER,JODI	H2017T	2	30		Not Reviewed	\$0.00
Auth #: 1560 CP Program: APC CCS									

Unit History

CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date
H2017T - Psychotherapy	1560	25	9	7/8/2015	8/30/2015

- ❑ We have entered a treatment service using the Date Range option.

The Multiple Date option works the same way as the Date Range option, but will allow you to enter Multiple Dates.

Member ID	ProviderConnect - Add Treatment Setup					Alternatives In Psychological Consult 7/12/2015 12:00:42 PM		Lookup Client	Main Menu	Log Out
8149256										
Demographic	Client Name: TABLE, ISSAC									
Financial Eligibility	Member ID: 8149256									
Authorizations	SSN: 888-88-8885									
Treatment										
Provider Admission										
Attachments										
Provider Diagnosis (ICD-10)										
CARS Assessment Summary										
CARS Referral Form										
Client Closing Summary										
Notification Of Death										
Risk Assessment										
Exit to Main Menu										

Enter Treatment Criteria																																																																	
CPT Code:	<small>Procedure Code - Description (Authorization, [Funding Source,] Level of Care, Valid Dates)</small> H2017T H2017T - Psychotherapy (1563, , 7/8/2015 - 8/8/2015)																																																																
Clinician:	BOWMAN, SHEILA (1/1/2014 -)																																																																
Performing Provider License Type:	- Please Choose One -																																																																
Program:	APC CCS																																																																
Units / Day:	2																																																																
<input type="radio"/> Single Date:																																																																	
<input type="radio"/> Date Range:																																																																	
<input checked="" type="radio"/> Multiple Dates:																																																																	
<div>Calendar</div> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																	
Include Weekends <input checked="" type="checkbox"/> (check this box to include weekends when adding treatment)																																																																	
Set Treatment Date >>																																																																	

Unit History					
CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date
H2017T - Psychotherapy	1563	25	25	7/8/2015	8/8/2015

- ❑ **Please Note: As in the Date Range option, the Service Code, Units/Days, Duration and Location should have been the same each time the service was provided, in order to use this option.**
- ❑ After entering CPT code, service provider, program, and unit/days information, click the **Multiple Dates radio button**.
- ❑ You can either enter the dates of treatment in an open field or click on the Calendar button and select the dates.

https://providerconnecttest.netsmartcloud.com...

JULY 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

day(s) selected: 3

select all

unselect all

reset

SELECT DATES

CANCEL

Member ID

8149256

Demographic

Financial Eligibility

Authorizations

Treatment

Provider Admission

Attachments

Provider Diagnosis (ICD-10)

CARS Assessment Summary

CARS Referral Form

Client Closing Summary

Notification Of Death

Risk Assessment

Exit to Main Menu

ProviderConnect - Add Treatment Setup

Alternatives In Psychological Consult 7/12/2015 12:00:42 PM

Lookup Client

Main Menu

Log Out

Client Name: TABLE, ISSAC

Member ID: 8149256

SSN: 888-88-8885

Enter Treatment Criteria

CPT Code: H2017T

Procedure Code - Description (Authorization, [Funding Source,] Level of Care, Valid Dates) H2017T - Psychotherapy (1563, 7/8/2015 - 8/8/2015)

Clinician: BOWMAN, SHEILA (1/1/2014 -)

Performing Provider License Type: - Please Choose One -

Program: APC CCS

Units / Day: 2

Single Date:

Date Range:

Multiple Dates:

Calendar

7/8/2015

7/9/2015

7/10/2015

Include Weekends

(check this box to include weekends when adding treatment)

Set Treatment Date >>

Unit History

CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date
H2017T - Psychotherapy	1563	25	25	7/8/2015	8/8/2015

- ❑ Click on **Set Treatment Date.**

Member ID 8149256 <hr/> Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) <hr/> CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment <hr/> Exit to Main Menu	ProviderConnect - Add Treatment - Details Alternatives In Psychological Consult 7/12/2015 12:20:25 PM Lookup Client Main Menu Log Out 												
	<table border="1"> <tr> <td>Client Name:</td> <td>TABLE, ISSAC</td> </tr> <tr> <td>Member ID:</td> <td>8149256</td> </tr> <tr> <td>SSN:</td> <td>888-88-8885</td> </tr> </table>		Client Name:	TABLE, ISSAC	Member ID:	8149256	SSN:	888-88-8885					
	Client Name:	TABLE, ISSAC											
	Member ID:	8149256											
	SSN:	888-88-8885											
	Treatment Details	Additional Information											
	Funding Source: Funding Authorized CPT Code: H2017T - Psychotherapy Num of Days: 3 Units/Day: 2 Total Units: 6 Cost/Unit: \$32.14 Cost/Day: \$64.28 Total Cost: \$192.84 Treatment Date(s): 7/8/2015,7/9/2015,7/10/2015	Duration (minutes per service): 30 Location: <input type="text" value="Office"/> Number In Group: N/A											
	Diagnosis Details												
	Primary Diagnosis: <input type="text"/>												
	Second Diagnosis: <input type="text"/>												
Third Diagnosis: <input type="text"/>													
Fourth Diagnosis: <input type="text"/>													
<table border="1"> <tr> <td>Financial Details</td> <td>Review Eligibility Information</td> </tr> <tr> <td colspan="2"> <small>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</small> </td> </tr> <tr> <td>Private Pay Amount:</td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Billed Amount:</td> <td><input type="text" value="64.28"/></td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="button" value="Add Treatment(s) >>"/> </td> </tr> <tr> <td colspan="2"> Service Comments: Please enter your service comments here. Thank you. <div style="border: 1px solid #ccc; height: 40px; margin-top: 5px;"></div> </td> </tr> </table>		Financial Details	Review Eligibility Information	<small>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</small>		Private Pay Amount:	<input type="text" value="0"/>	Billed Amount:	<input type="text" value="64.28"/>	<input type="button" value="Add Treatment(s) >>"/>		Service Comments: Please enter your service comments here. Thank you. <div style="border: 1px solid #ccc; height: 40px; margin-top: 5px;"></div>	
Financial Details	Review Eligibility Information												
<small>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</small>													
Private Pay Amount:	<input type="text" value="0"/>												
Billed Amount:	<input type="text" value="64.28"/>												
<input type="button" value="Add Treatment(s) >>"/>													
Service Comments: Please enter your service comments here. Thank you. <div style="border: 1px solid #ccc; height: 40px; margin-top: 5px;"></div>													

- ❑ Enter the duration for the services, in our example it is 30 (1 unit equals 15mins, so 2 units multiplied by 15mins equals 30mins)
- ❑ Enter the **Location**.
- ❑ Enter \$0.00 for the **Private Pay Amount**

❑ Enter your **Service Comments**

❑ Click on **Add Treatment**

Member ID	ProviderConnect - Treatment History									
8149256	Alternatives In Psychological Consult 7/12/2015 12:23:47 PM Lookup Client Main Menu Log Out									
Demographic	Client Name: TABLE, ISSAC									
Financial Eligibility	Member ID: 8149256									
Authorizations	SSN: 888-88-8885									
Treatment	Add Professional Treatment									
Provider Admission	This page defaults to treatments with services that occur during the current fiscal year. 2014-2015 view									
Attachments										
Provider Diagnosis (ICD-10)										
CARS Assessment Summary										
CARS Referral Form										
Client Closing Summary										
Notification Of Death										
Risk Assessment										
Exit to Main Menu										

Treatment History									
Agency	Tx Date click to view details	Status	Therapist	CPTCode	Units	Duration	Billing		
							Bill Date	Status	Expected Disbursement
Alternatives In Psychological Consult	7/10/2015 Edit / Delete		BOWMAN,SHEILA	H2017T	2	30		Not Reviewed	\$0.00
Auth #: 1563 CP Program: APC CCS									
Alternatives In Psychological Consult	7/9/2015 Edit / Delete		BOWMAN,SHEILA	H2017T	2	30		Not Reviewed	\$0.00
Auth #: 1563 CP Program: APC CCS									
Alternatives In Psychological Consult	7/8/2015 Edit / Delete		BOWMAN,SHEILA	H2017T	2	30		Not Reviewed	\$0.00
Auth #: 1563 CP Program: APC CCS									

Unit History					
CPT Code	Auth #	Units Approved	Units Left	Begin Date	Exp Date
H2017T - Psychotherapy	1563	25	19	7/8/2015	8/8/2015

We have entered a treatment service using the Multiple Dates option.

BILLING: HOW TO SUBMIT BILLS

From the Main Menu, click on Billing

ProviderConnect - Main Menu

Empathetic Counseling Services Inc. 7/19/2015 2:32:16 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

You are logged in as:	TestUser1
Your last login was:	7/19/2015 2:30:00 PM

Main Menu - Provider		
Billing	Lookup Client	Reports
Change Password	Documentation	News

Logout / Exit

About ProviderConnect v2.198

Bill Generation

2014 - 2015



Generate New Bill

Unsubmitted Bills

Billing Generation Date

Generated By

no unsubmitted bills

Submitted Bills Criteria

Bill Date

6/19/2015

- 7/19/2015

Show Bills

Submitted Bills

Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Paid	Denied
no submitted bills							
Total:				\$0.00	\$0.00	\$0.00	\$0.00

[Back](#)

- ❑ Click on Generate New Bill

The Unsubmitted Bill listing will display

ProviderConnect - Unsubmitted Bill				
Empathetic Counseling Services Inc. 7/19/2015 2:38:57 PM Lookup Client Main Menu Log Out				
Client ID	Date		Cost	
	From	To	Unbilled	Billing
8149170	6/25/2015	6/25/2015	\$0.00	\$0.00
8149174	6/25/2015	6/25/2015	\$0.00	\$0.00
8149177	6/25/2015	6/25/2015	\$0.00	\$0.00
8149277	7/18/2015	7/18/2015	\$0.00	\$0.00
Total:			\$0.00	\$0.00
<< Cancel/Delete Bill		Save, But Not Submit		View Bill Summary >>

[Back](#)

About ProviderConnect v2.198

- ❑ Treatment services that have been added to the system on the Treatment page, that have not been associated with a bill will display.
 - After generating the bill if the provider decides they need to remove the bill, the provider can click on the **Cancel/Delete Bill** button and the services listed on the newly generated bill will remain in an unbilled state.
 - **Save, But Not Submit** allows the provider to place the bill in a holding status. They have not yet submitted the bill to be a part of the batch process that sends the services to MSO for payment. If the provider selects this option, they can view the bill at a later time by clicking the link in the Unsubmitted Bills list. Treatment services associated with bills in the state of 'Save but Not Submit' cannot be re-billed. The provider must choose to Cancel/Delete the bill for the treatment services to be re-billed or continue to submit the bill.

- ❑ **Clicking on View Bill Summary** is the next step to submit the bill. The provider will be shown a summary of what is being submitted for payment. If they decide to not submit the bill, the provider can select the 'Edit Bill' option, which will take them back to the previous page

Back

ProviderConnect - Treatment Billing

Empathetic Counseling Services Inc. 7/19/2015 2:49:15 PM

Lookup Client

Main Menu

Log Out

Summary By Client

Client	Dates				Cost			
	From	To	Total Units	Paid Units	Total	Pending	Paid	Denied
8149170	6/25/2015	6/25/2015	2.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
8149174	6/25/2015	6/25/2015	5.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
8149177	6/25/2015	6/25/2015	2.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
8149277	7/18/2015	7/18/2015	5.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			14.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00

Summary By CPT Code

CPT Code	Dates				Cost			
	From	To	Total Units	Paid Units	Total	Pending	Paid	Denied
C-H0047	6/25/2015	7/18/2015	12.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
C-H0047SI	6/25/2015	6/25/2015	2.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			14.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00

<< Edit Bill

Submit Bill >>

- ❑ In order to finalize the submission of the bill, the provider must choose the '**Submit Bill**' option.

Bill Generation

2014 - 2015

[Generate New Bill](#)

Unsubmitted Bills

Billing Generation Date

Generated By

no unsubmitted bills

Submitted Bills Criteria

Bill Date

6/19/2015

- 7/19/2015

[Show Bills](#)

Submitted Bills

Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Paid	Denied
7/19/2015 2:39:00 PM	Empathetic Counseling Services Inc.	7192015145236104	14	\$171.00	\$171.00	\$0.00	\$0.00
Total:			14	\$171.00	\$171.00	\$0.00	\$0.00

[Back](#)

About ProviderConnect v2.198

- ❑ Once the provider has submitted a bill, the bill will appear on the list of Submitted Bills and the Billed Treatment service data is put in the queue to be sent for adjudication. Once the bill has been adjudicated; the status of each service (paid or denied) will be displayed on the Billing page and in the client's Treatment record.

AUTHORIZATION – HOW TO REQUEST AN AUTHORIZATION IN PROVIDER CONNECT

Member ID

8149277

Demographic

Financial Eligibility

Authorizations

Treatment

Provider Admission

Attachments

Provider Diagnosis (ICD-10)

CARS Assessment Summary

CARS Referral Form

Client Closing Summary

Notification Of Death

Risk Assessment

State of Wisconsin PPS General Information

State of Wisconsin PPS Mental Health Module

Exit to Main Menu

ProviderConnect - Authorization Requests

Empathetic Counseling Services Inc. 7/19/2015 3:03:19 PM

Lookup Client

Main Menu

Log Out

Client Name: CLIENTONE, TEST

Member ID: 8149277

SSN: 000-00-7777

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Empathetic Counseling Services Inc.	1582	MSO	Empathetic-Burleigh-OP-SA		Approved		7/18/2015 8:37:55 AM	7/18/2015	8/18/2015	Alcohol/substance abuse services, Ind.	Add New

Create Request

About ProviderConnect v2.196

- ❑ To enter authorization requests for members in to the system choose the “Authorization” tab from the left side of the navigation menu.
- ❑ **Click on Create Request**

<div>Member ID</div> <div>8149277</div> <div>Demographic</div> <div>Financial Eligibility</div> <div>Authorizations</div> <div>Treatment</div> <div>Provider Admission</div> <div>Attachments</div> <div>Provider Diagnosis (ICD-10)</div> <div>CARS Assessment Summary</div> <div>CARS Referral Form</div> <div>Client Closing Summary</div> <div>Notification Of Death</div> <div>Risk Assessment</div> <div>State of Wisconsin PPS General Information</div> <div>State of Wisconsin PPS Mental Health Module</div> <div>Exit to Main Menu</div>	<div> <div>ProviderConnect - Client Authorization Request Information</div> <div>Empathetic Counseling Services Inc. 7/19/2015 3:14:12 PM</div> <div> Lookup Client Main Menu Log Out </div> </div> <div> <div>Authorization Request Information</div> <div> <div>Client SSN: 000-00-7777</div> <div>Agency: Empathetic Counseling Services Inc.</div> <div>Authorization dates: (m/d/yyyy)</div> <div> <div>Begin Date:</div> <div></div> <div>Set To</div> <div></div> <div>Days</div> <div>Set</div> </div> <div> <div>End Date:</div> <div></div> </div> <div>Request Authorization >></div> </div> <div>About ProviderConnect v2.196</div> </div> <div> <ul style="list-style-type: none"> ➤ Enter the Begin Date of your Auth Request (mm/dd/yyyy) ➤ Enter the number of days ➤ Click “Set” ➤ Your End Date should auto populate, based on the number of days you enter. </div>
---	---

<div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Member ID</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">8149277</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Demographic</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Financial Eligibility</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Authorizations</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Treatment</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Provider Admission</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Attachments</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Provider Diagnosis (ICD-10)</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">CARS Assessment Summary</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">CARS Referral Form</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Client Closing Summary</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Notification Of Death</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Risk Assessment</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">State of Wisconsin PPS General Information</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">State of Wisconsin PPS Mental Health Module</div> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Exit to Main Menu</div>	<div style="background-color: #0056b3; color: white; padding: 5px;"> ProviderConnect - Authorization Request Empathetic Counseling Services Inc. 7/19/2015 3:17:45 PM Lookup Client Main Menu Log Out </div> <div style="text-align: center; margin-top: 20px;"> <h2 style="color: #0056b3;">Authorization Request</h2> </div> <div style="background-color: #0056b3; color: white; padding: 5px; margin-top: 10px;"> Client Information </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">CLIENT NAME TEST CLIENTONE</td> <td style="width: 33%;">MEMBER ID 8149277</td> <td style="width: 33%;">PROVIDER NAME Empathetic Counseling Services Inc.</td> </tr> </table> <div style="background-color: #0056b3; color: white; padding: 5px; margin-top: 10px;"> Care Manager </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 65%;">CARE MANAGER ASSIGNED:</td> <td style="width: 35%;">DATE ASSIGNED:</td> </tr> </table> <div style="background-color: #0056b3; color: white; padding: 5px; margin-top: 10px;"> Authorization Information </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">AUTHORIZATION NUMBER:</td> <td style="width: 33%;">CURRENT AUTHORIZATION STATUS:</td> <td style="width: 33%;">CURRENT AUTHORIZATION STATUS REASON:</td> </tr> <tr> <td>AUTHORIZED LEVEL OF CARE:</td> <td>TYPE OF AUTHORIZATION:</td> <td>PERFORMING PROVIDER TYPE:</td> </tr> <tr> <td>PLANNED ADMIT DATE:</td> <td>INITIAL OR CONTINUING AUTH:</td> <td>NEXT REVIEW DATE:</td> </tr> </table> <div style="background-color: #0056b3; color: white; padding: 5px; margin-top: 10px;"> Diagnosis </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%;">Primary Diagnosis</td> <td style="width: 60%;"></td> </tr> <tr> <td>Secondary Diagnosis</td> <td></td> </tr> </table> <div style="background-color: #0056b3; color: white; padding: 5px; margin-top: 10px;"> Funding Source & Benefit Plan Information </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;"> Funding Source: <div style="border: 1px solid #ccc; padding: 2px;">Funding Authorized ▼</div> </td> <td style="width: 33%;"> Benefit Plan: <div style="border: 1px solid #ccc; padding: 2px;">- Please Choose One - ▼ *</div> </td> <td style="width: 33%;"> Provider Registration Date For Funding Source: <div style="border: 1px solid #ccc; padding: 2px;">01/01/2014</div> </td> </tr> <tr> <td> Program: <div style="border: 1px solid #ccc; padding: 2px;">- Please Choose One - ▼ *</div> </td> <td colspan="2"></td> </tr> </table>	CLIENT NAME TEST CLIENTONE	MEMBER ID 8149277	PROVIDER NAME Empathetic Counseling Services Inc.	CARE MANAGER ASSIGNED:	DATE ASSIGNED:	AUTHORIZATION NUMBER:	CURRENT AUTHORIZATION STATUS:	CURRENT AUTHORIZATION STATUS REASON:	AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION:	PERFORMING PROVIDER TYPE:	PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:	Primary Diagnosis		Secondary Diagnosis		Funding Source: <div style="border: 1px solid #ccc; padding: 2px;">Funding Authorized ▼</div>	Benefit Plan: <div style="border: 1px solid #ccc; padding: 2px;">- Please Choose One - ▼ *</div>	Provider Registration Date For Funding Source: <div style="border: 1px solid #ccc; padding: 2px;">01/01/2014</div>	Program: <div style="border: 1px solid #ccc; padding: 2px;">- Please Choose One - ▼ *</div>		
CLIENT NAME TEST CLIENTONE	MEMBER ID 8149277	PROVIDER NAME Empathetic Counseling Services Inc.																							
CARE MANAGER ASSIGNED:	DATE ASSIGNED:																								
AUTHORIZATION NUMBER:	CURRENT AUTHORIZATION STATUS:	CURRENT AUTHORIZATION STATUS REASON:																							
AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION:	PERFORMING PROVIDER TYPE:																							
PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:																							
Primary Diagnosis																									
Secondary Diagnosis																									
Funding Source: <div style="border: 1px solid #ccc; padding: 2px;">Funding Authorized ▼</div>	Benefit Plan: <div style="border: 1px solid #ccc; padding: 2px;">- Please Choose One - ▼ *</div>	Provider Registration Date For Funding Source: <div style="border: 1px solid #ccc; padding: 2px;">01/01/2014</div>																							
Program: <div style="border: 1px solid #ccc; padding: 2px;">- Please Choose One - ▼ *</div>																									

1. Click on the drop down arrow and Click "Funding Authorized".

2. Click on the drop down arrow, and select your Program.

Member ID 8149277 Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment State of Wisconsin PPS General Information State of Wisconsin PPS Mental Health Module Exit to Main Menu	PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:
	Diagnosis Primary Diagnosis: <input type="text"/> Secondary Diagnosis: <input type="text"/>		
	Funding Source & Benefit Plan Information Funding Source: <input type="text" value="Funding Authorized"/> Benefit Plan: <input type="text" value="- Please Choose One -"/> * Provider Registration Date For Funding Source: <input type="text" value="01/01/2014"/>		
	Program: <input type="text" value="- Please Choose One -"/> *		
	Authorization Group Leave blank for individual CPT Codes requests. <input type="text"/>		
	PROCEDURE CODE UNITS REQUESTED Enter 0 units to ignore added code. <input type="button" value="Add Code"/>		
	Authorization Dates Requested: 7/19/2015 - 8/17/2015		
	<input type="button" value="File Request"/>		
	Comments Comments on Authorization: <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div>		
	<input type="button" value="Return To Authorization List"/>		

5. Click "File Request"

3. Click on "Add Code", enter the number of Units and the Service Code. Once you select your CPT code, you will have to enter the # of Units requested.

4. Enter any comments pertaining to the Authorization Request

Member ID	ProviderConnect - Authorization Requests											Empathetic Counseling Services Inc. 7/19/2015 3:32:16 PM			Lookup Client	Main Menu	Log Out	
8149277																		
Demographic	Client Name:		CLIENTONE, TEST															
Financial Eligibility	Member ID:		8149277															
Authorizations	SSN:		000-00-7777															
Treatment																		
Provider Admission																		
Attachments																		
Provider Diagnosis (ICD-10)																		
CARS Assessment Summary																		
CARS Referral Form																		
Client Closing Summary																		
Notification Of Death																		
Risk Assessment																		
State of Wisconsin PPS General Information																		
State of Wisconsin PPS Mental Health Module																		
Exit to																		

Authorization Information											
Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Empathetic Counseling Services Inc.	Unassigned	ProviderConnect	Empathetic-Burleigh-DT-SA	Pending	Not Reviewed	7/19/2015 3:32:16 PM	7/19/2015 1:32:16 PM	7/19/2015	8/17/2015		
Empathetic Counseling Services Inc.	1582	MSO	Empathetic-Burleigh-OP-SA		Approved		7/18/2015 8:37:55 AM	7/18/2015	8/18/2015	Alcohol/substance abuse services, Ind.	Add New

[Create Request](#)

[About ProviderConnect v2.196](#)

- ❑ The authorization request has been entered and submitted. In this example we submitted a request for Day Treatment Substance Abuse services.

Remember the following:

- ❑ To refresh the screen, click on the same tab again, in this case (Authorization Tab) to refresh the screen. The authorization number will then display for the authorization request that was just entered.
- ❑ Check back periodically in Provider Connect to see if the authorization has been approved by CARS.
- ❑ Once the client arrives for their initial treatment under this new program, an episode under this program will have to be opened in ProviderConnect.

ATTACHMENTS:

- ❑ When you request an authorization through ProviderConnect you may be asked to attach appropriate clinical documentation to show/prove medical/service necessity.
- ❑ At the Treatment Authorization Requests screen click on “Add New” beside the authorization that you wish to attach your document(s) to.

Member ID

8149277

Demographic

Financial Eligibility

Authorizations

Treatment

Provider Admission

Attachments

Provider Diagnosis (ICD-10)

CARS Assessment Summary

CARS Referral Form

Client Closing Summary

Notification Of Death

Risk Assessment

State of Wisconsin PPS General Information

State of Wisconsin PPS Mental Health Module

Exit to Main Menu

ProviderConnect - Authorization Requests

Empathetic Counseling Services Inc. 7/19/2015 3:37:10 PM

Lookup Client | Main Menu | Log Out

Client Name: CLIENTONE, TEST

Member ID: 8149277

SSN: 000-00-7777

Authorization Information

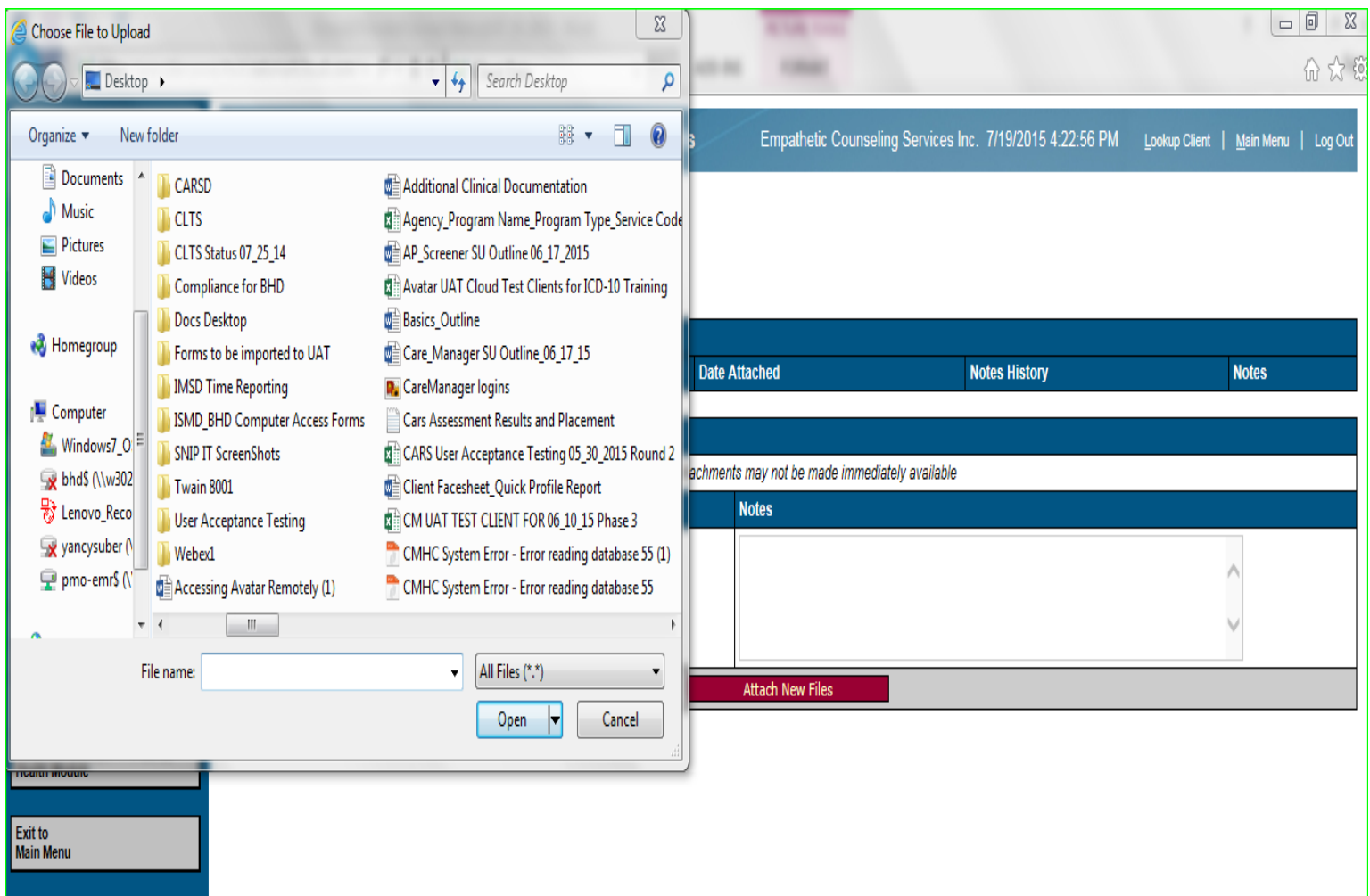
Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Empathetic Counseling Services Inc.	1584	ProviderConnect	Empathetic-Burleigh-DT-SA	Complete	Not Reviewed	7/19/2015 3:32:16 PM	7/19/2015 1:32:16 PM	7/19/2015	8/17/2015		Add New
Empathetic Counseling Services Inc.	1582	MSO	Empathetic-Burleigh-OP-SA		Approved		7/18/2015 8:37:55 AM	7/18/2015	8/18/2015	Alcohol/substance abuse services, ind.	Add New

Create Request

Click here to add documents to your authorization request

Member ID 8149277 <hr/> Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) <hr/> CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment State of Wisconsin PPS General Information State of Wisconsin PPS Mental Health Module <hr/> Exit to Main Menu	ProviderConnect - Member-Level Attachments Empathetic Counseling Services Inc. 7/19/2015 4:22:56 PM Lookup Client Main Menu Log Out																		
	<table border="1"> <tr> <td>Client Name:</td> <td>CLIENTONE, TEST</td> </tr> <tr> <td>Member ID:</td> <td>8149277</td> </tr> <tr> <td>SSN:</td> <td>000-00-7777</td> </tr> </table>					Client Name:	CLIENTONE, TEST	Member ID:	8149277	SSN:	000-00-7777								
	Client Name:	CLIENTONE, TEST																	
	Member ID:	8149277																	
	SSN:	000-00-7777																	
	File Attachments																		
	<table border="1"> <thead> <tr> <th>File Name</th> <th>Attached By</th> <th>Date Attached</th> <th>Notes History</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td colspan="5"> Add New File Attachment(s): <div style="text-align: center; font-size: small;">Note: File Attachments may not be made immediately available</div> <table border="1"> <thead> <tr> <th>File Name</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td> <input type="text"/> <input type="button" value="Browse..."/> </td> <td> <div style="border: 1px solid #ccc; height: 100px; vertical-align: top;"></div> </td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 5px;"> <input type="button" value="Attach New Files"/> </div> </td> </tr> </tbody> </table>					File Name	Attached By	Date Attached	Notes History	Notes	Add New File Attachment(s): <div style="text-align: center; font-size: small;">Note: File Attachments may not be made immediately available</div> <table border="1"> <thead> <tr> <th>File Name</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td> <input type="text"/> <input type="button" value="Browse..."/> </td> <td> <div style="border: 1px solid #ccc; height: 100px; vertical-align: top;"></div> </td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 5px;"> <input type="button" value="Attach New Files"/> </div>					File Name	Notes	<input type="text"/> <input type="button" value="Browse..."/>	<div style="border: 1px solid #ccc; height: 100px; vertical-align: top;"></div>
	File Name	Attached By	Date Attached	Notes History	Notes														
	Add New File Attachment(s): <div style="text-align: center; font-size: small;">Note: File Attachments may not be made immediately available</div> <table border="1"> <thead> <tr> <th>File Name</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td> <input type="text"/> <input type="button" value="Browse..."/> </td> <td> <div style="border: 1px solid #ccc; height: 100px; vertical-align: top;"></div> </td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 5px;"> <input type="button" value="Attach New Files"/> </div>					File Name	Notes	<input type="text"/> <input type="button" value="Browse..."/>	<div style="border: 1px solid #ccc; height: 100px; vertical-align: top;"></div>										
	File Name	Notes																	
<input type="text"/> <input type="button" value="Browse..."/>	<div style="border: 1px solid #ccc; height: 100px; vertical-align: top;"></div>																		

| Click here to look for a file to attach. **Please note: you must make sure the document you wish to attach has been saved to your computer.** | | | | |




Member ID 8149277 <hr/> Demographic Financial Eligibility Authorizations Treatment Provider Admission Attachments Provider Diagnosis (ICD-10) <hr/> CARS Assessment Summary CARS Referral Form Client Closing Summary Notification Of Death Risk Assessment State of Wisconsin PPS General Information State of Wisconsin PPS Mental Health Module <hr/> Exit to Main Menu	ProviderConnect - Member-Level Attachments Empathetic Counseling Services Inc. 7/19/2015 4:22:56 PM Lookup Client Main Menu Log Out				
	Client Name: CLIENTONE, TEST Member ID: 8149277 SSN: 000-00-7777				
	File Attachments				
	File Name	Attached By	Date Attached	Notes History	Notes
	Add New File Attachment(s):				
	<i>Note: File Attachments may not be made immediately available</i>				
	File Name		Notes		
	C:\Users\TJGUSER17\Desktop\Additional Clinical Docu... Browse...		<div style="border: 1px solid black; padding: 5px;"> <p>You may also enter notes about the authorization request “here”.</p> </div>		
	<div style="border: 2px solid red; border-radius: 50%; width: 150px; margin: 0 auto; padding: 5px; display: inline-block;"> Attach New Files </div>				

- ❑ The file path and name should default in for you. Make sure to choose the “Type of Document” you are uploading. When you see the path and file name in the box click **“Attach New Files”**. You can go back and use this same process to attach more files if necessary to the same authorization.

Member ID	ProviderConnect - Authorization Requests Empathetic Counseling Services Inc. 7/19/2015 4:37:47 PM Lookup Client Main Menu Log Out										
8149277											
Demographic	Client Name: CLIENTONE, TEST										
Financial Eligibility	Member ID: 8149277										
Authorizations	SSN: 000-00-7777										
Treatment											
Provider Admission											
Attachments											
Provider Diagnosis (ICD-10)											
CARS Assessment Summary											
CARS Referral Form											
Client Closing Summary											
Notification Of Death											
Risk Assessment											
State of Wisconsin PPS General Information											
State of Wisconsin PPS Mental Health Module											
Exit to Main Menu											

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Empathetic Counseling Services Inc.	1584	ProviderConnect	Empathetic-Burleigh-DT-SA	Complete	Not Reviewed	7/19/2015 3:32:16 PM	7/19/2015 1:32:16 PM	7/19/2015	8/17/2015		 Edit / Add New
Empathetic Counseling Services Inc.	1582	MSO	Empathetic-Burleigh-OP-SA		Approved		7/18/2015 8:37:55 AM	7/18/2015	8/18/2015	Alcohol/substance abuse services, Ind.	Add New

[Create Request](#)

[About ProviderConnect v2.196](#)

The Disk icon indicates an attachment

REPORTS:

From the main menu click on the Reports Tab

ProviderConnect - Main MenuEmpathetic Counseling Services Inc. 8/6/2015 10:31:25 AM[Lookup Client](#) | [Main Menu](#) | [Log Out](#)

You are logged in as:	empathetic1
Your last login was:	8/6/2015 10:31:00 AM

Main Menu - Provider		
Billing	Lookup Client	Reports
Change Password	Documentation	News

Logout / Exit

[About ProviderConnect v2.198](#)

The list of Report options will display:

[Back](#)**ProviderConnect - Reports**Empathetic Counseling Services Inc. 8/6/2015 10:33:53 AM[Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Reports
Audit Log Report
Authorization Request Status
Provider Billing Reports
Services Denied in MSO

[Back](#)

Authorization Request Status, Provider Billing Reports, and Service Denied in MSO are the reports you will be using.

Authorization Request Status Reports:

This report details the service authorization request(s) that have been requested in ProviderConnect by your agency.

After clicking on the Authorization Request Status report, the following screen will display

The screenshot shows a web application interface for "ProviderConnect - Authorization Status Report". The header bar is dark blue with a "Back" link on the left and user information "Empathetic Counseling Services Inc. 8/6/2015 10:55:04 AM" on the right, along with links for "Lookup Client", "Main Menu", and "Log Out". The main content area contains a search form titled "Search Criteria" with a blue header. The form has four rows: "Member ID:" with a text input field, "Last Name:" with a text input field, "Record Date:" with a date range selector showing "7/7/2015 - 8/6/2015", and "Status:" with a dropdown menu currently set to "-- All Statuses --". A red rounded rectangle highlights the input fields and the "Search by Criteria" button below them. Below the form is a "Back" link and a footer note "About ProviderConnect v2.198".

Search Criteria	
Member ID:	<input type="text"/>
Last Name:	<input type="text"/>
Record Date:	7/7/2015 - 8/6/2015
Status:	-- All Statuses --

[Back](#)

About ProviderConnect v2.198

Enter your search criteria information in the respective fields and click the Search by Criteria button. Please Note: if you want to see the status of all clients that you have submitted an authorization request for, leave the member ID field blank.

Your results will then display:

Back		ProviderConnect - Authorization Status Report				Empathetic Counseling Services Inc. 8/6/2015 11:02:18 AM Lookup Client Main Menu Log Out				
No.	Request Date / Time	Member ID	Provider	Origin	Request Status	Last Name	First Name	Begin Date	End Date	User
1.	7/19/2015 3:32:16 PM	8149277	Empathetic Counseling Services Inc.	ProviderConnect	Not Reviewed	LIENTONE	TEST			TestUser1 (Test User1)
2.	7/18/2015 10:38:07 AM	8149277	Empathetic Counseling Services Inc.	MSO	Approved	LIENTONE	TEST	7/18/2015	8/18/2015	admin (Avatar User)

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About ProviderConnect v2.188

In the above example, I only have one client. But as you can see, there are two authorization requests for this client. One authorization request has been approved and the other is still waiting to be approved.

Provider Billing Reports:

This report displays the service(s) that have been billed or unbilled by your agency.

Report Options:

- Provider Detail Service - displays a line by line breakdown of services.
- Provider Service Summary - displays a sum of all services.

After clicking on the Provider Billing Report, the following screen will display:

[Back](#)**ProviderConnect - Provider Billing Reports**Empathetic Counseling Services Inc. 8/6/2015 11:10:32 AM[Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Search Criteria - Provider Detail Service	
Billed/Unbilled:	Billed <input checked="" type="radio"/> Unbilled <input type="radio"/>
Program:	All Programs <input type="button" value="v"/>
Record Date Range:	<input type="text"/> - <input type="text"/>
<input type="button" value="Generate Report"/>	

Search Criteria - Provider Service Summary	
Billed/Unbilled:	Billed <input checked="" type="radio"/> Unbilled <input type="radio"/>
Program:	All Programs <input type="button" value="v"/>
Record Date Range:	<input type="text"/> - <input type="text"/>
<input type="button" value="Generate Report"/>	

[Back](#)

Enter your desired search criteria and click the Generate Report button.

Search Criteria - Provider Detail Service	
Billed/Unbilled:	Billed <input checked="" type="radio"/> Unbilled <input type="radio"/>
Program:	Empathetic-Burleigh-OP-SA ▼
Record Date Range:	01/01/2015 - 08/06/2015
Generate Report	

Search Criteria - Provider Service Summary	
Billed/Unbilled:	Billed <input checked="" type="radio"/> Unbilled <input type="radio"/>
Program:	All Programs ▼
Record Date Range:	-
Generate Report	

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About ProviderConnect v2.198

In this example, I have chosen to run a Provider Detail Service Report.

- In the Billed/Unbilled section: I selected Billed
- In the Program section: I selected Empathetic Burleigh-OP-SA (Outpatient Substance Abuse at the Burleigh location).
- In Date Range Section: I entered January 1st, 2015 thru August 6th, 2015 (**Use the mm/dd/yyyy format**)

Then click on Generate Report.

[Back](#)**ProviderConnect - Provider Detail Service Report**

Empathetic Counseling Services Inc. 8/6/2015 11:36:37 AM

[Lookup Client](#)[Main Menu](#)[Log Out](#)

	Provider	Contracting Provider Program	Client ID	Client Name	Authorization Number	Date of Service	CPT Code	Units	Duration	Location	Clinician	Amount Billed	Expected Payment	Status
1.	Empathetic Counseling Services Inc.	Empathetic-Burleigh-OP-SA	8149174	TABLE, JUSTIN	1462	6/25/2015	Alcohol/substance abuse services, Ind.	1	15	Office	BROUGHTON-LEWIS,TANYA	\$13.25		Billed
2.	Empathetic Counseling Services Inc.	Empathetic-Burleigh-OP-SA	8149174	TABLE, JUSTIN	1462	6/25/2015	Alcohol/substance abuse services, Ind.	4	60	Office	CALDERON,CHRISTIAN	\$53.00		Billed
3.	Empathetic Counseling Services Inc.	Empathetic-Burleigh-OP-SA	8149177	TABLE, LUKE	1473	6/25/2015	Alcohol/substance abuse services, Ind.	2	30	Office	BROUGHTON-LEWIS,TANYA	\$26.50		Billed
4.	Empathetic Counseling Services Inc.	Empathetic-Burleigh-OP-SA	8149277	CLIENTONE, TEST	1582	7/18/2015	Alcohol/substance abuse services, Ind.	5	75	Office	BOATNER,RAYMOND	\$66.25		Billed

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About ProviderConnect v2.199

This is what the Detail Service Report display will look like.

In this example, the report returned four clients that have had services billed for Empathetic Burleigh-OP-SA.